

PART-TIME EMPLOYMENT APPLICATION

CITY OF RALEIGH

PARKS & RECREATION DEPARTMENT

Last Name, First Name _____

PLEASE READ CAREFULLY: All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is **IMPORTANT** that you answer all questions on your application fully and accurately. If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for Not Applicable. This record will be strictly confidential and the exclusive property of the City of Raleigh, North Carolina.

The City of Raleigh complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identity and employment eligibility within the first three days of employment with the City of Raleigh.

In accordance with the Americans with Disabilities Act, the City of Raleigh will consider reasonable accommodation if requested.

The City of Raleigh is an equal opportunity employer and does not discriminate on the basis of race, sex, color, creed, age, disability, sexual orientation, or national origin.



Raleigh Parks & Recreation office
2401 Wade Avenue, Raleigh, N.C. 27607
(919) 831-6640

Revised 12/12/06

PERSONAL DATA

1. Position for which you are applying: _____

Division: _____

Program Area (circle one):

Amusements

Community Centers

Other: _____

Arts

Corporate Leisure Serv.

Lakes

Aquatics

Camps

Teens

Tennis

Athletics

Adventure

Specialized Rec Serv

Nature

2. Name of Applicant

Last Name

First

Middle

3. Phone (Area Code/Number)

Home

Office

Other

4. Email : _____

5. Present Mailing Address

(Number and Street, RFD or Post Office Box Number)

City

County

State

Zip Code

6. Permanent Address (If other than shown above)

7. Name of person to be notified in case of emergency

Name

Relation

Address

Phone

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Grade School High School	COLLEGE Indicate number of credit hours received _____
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Schools	Name and Location	Graduated	Type of Diploma or Degree	Major or Field of Study
High School		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Tech Inst. or Schools		YES <input type="checkbox"/> NO <input type="checkbox"/>		
College(s) or University (s)		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate School		YES <input type="checkbox"/> NO <input type="checkbox"/>		

8. Special qualifications and skills (licenses, skills with machines, volunteer experiences, etc.)

WORK HISTORY:

In the space provided below, give your employment history beginning with your PRESENT or most recent employer and list all positions held, including military, part-time, summer, and volunteer work. Details on any period of unemployment must be included. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS USING THE SAME FORMAT. A personal resume CANNOT be substituted for this application; however, you may attach a resume as a supplement. You must complete ALL parts of the employment application in order for your application to be considered complete.

A. Name and business address of employer:

Date of employment from: _____ to _____ Title of position:

Month/Day/Year

Part time: ☐ or Full time: ☐ Number of hours worked per week:

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number () - _____

Description of duties and responsibilities:

Reason for leaving:

May we contact your present employer regarding your record of employment? Yes ☐ No ☐

B. Name and business address of employer:

Date of employment from: _____ to _____ Title of position:

Month/Day/Year

Part time: ☐ or Full time: ☐ Number of hours worked per week:

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number () - _____

Description of duties and responsibilities:

Reason for leaving:

C. Name and business address of employer:

Date of employment from: _____ to _____ Title of position:

Month/Day/Year

Part time: ☐ or Full time: ☐ Number of hours worked per week:

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number () - _____

Description of duties and responsibilities:

Reason for leaving:

MILITARY SERVICE:

11. Have you ever served in the U.S. Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your answer is "yes" complete items below.		
Branch of Service	Active Duty	Rank upon separation/discharge
From: To:		Date of Final Discharge
Month/Day/Year		Month/Day/Year
12. Describe special training and military assignments related to job applied for (if applicable):		

ADDITIONAL INFORMATION:

Answer items 13 through 18 by placing an "x" in the proper column.	YES	NO
13. Have you ever been employed by the City of Raleigh? (State your name at that time in Item 20 if it was different from your present name.)	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you related by blood or marriage to any person now employed by the City of Raleigh? If "yes", give name and relationship and the Department in which the relative works in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been dismissed or forced to resign from any position? If yes, give complete details in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been convicted of a felony? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. If "yes", please explain in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever served time in prison? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. If "yes", please explain in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
18. If you are applying for a position that requires a driver's license, are you licensed by the State of North Carolina to operate a vehicle? License No. Class CDL Class	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL REFERENCES:

19. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do NOT repeat names of supervisors listed under Part IV, WORK HISTORY.

NAME	PRESENT BUSINESS OR HOME ADDRESS & PHONE NO.	BUSINESS OR OCCUPATION

20. Space for detailed answers. Indicate item number to which answers apply.

ITEM NO.	DETAILS

DECLARATION OF APPLICATION - PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

I hereby certify that there are no willful misrepresentation, omissions, or falsifications in the foregoing statements and answers to questions and that the information I have provided in this application for employment is subject to verification by the City of Raleigh. I am aware that should an investigation disclose any misrepresentation, omission, or falsification, my application may be rejected, or if already employed, may be terminated.

Signature

Date